

Best Available Copy

CLAIMS ONLY						Application Number		Filing Date	
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1							51		
2							52		
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47							97		
48							98		
49							99		
50							100		
Total Indep							Total Indep		
Total Depend							Total Depend		
Total Claims							Total Claims		